



Prevention, Treatment and Care Program

**Division of Disease Control and Prevention
Bureau of Epidemiology**

Safety Net Meeting
October 4th, 2016

The Prevention, Treatment and Care Program

The **Prevention, Treatment and Care Program (PTCP)** supports CDC's Program Collaboration and Service Integration (PCSI) initiative and is an integrative program that incorporates HIV Prevention, HIV Surveillance, Ryan White, Refugee Health, TB Control, STD Prevention, and Viral Hepatitis

Sexually Transmitted Disease Prevention

STD Prevention staff at UDOH monitor the rates of Chlamydia, Gonorrhea and Syphilis and support the provision of appropriate treatment and partner services by the Local Health Departments. Staff analyze statewide data to monitor disease trends and identify priority populations for STD prevention interventions that promote sexual health.

Staff include:

Scott White - STD Epidemiologist - swhite1@utah.gov

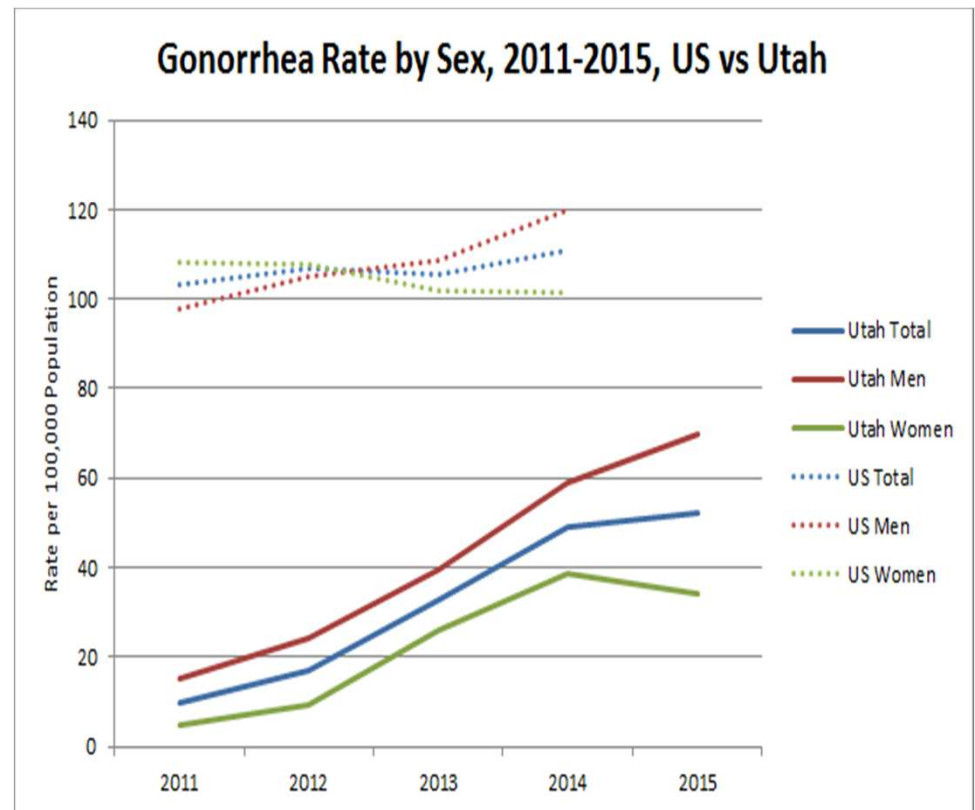
Megan Evans - STD Prevention Specialist - meevans@utah.gov

Reported Rates of STDs in Utah, 2015

- Chlamydia
 - 8636 cases reported (288.3 cases per 100,000 people)
 - 3.2% increase in rate from 2014 to 2015
- Gonorrhea
 - 1562 cases reported (52.1 cases per 100,000 people)
 - 6.5% increase in rate from 2014 to 2015
- Early Syphilis (primary, secondary, early latent)
 - 96 cases reported (3.2 cases per 100,000 people)
 - 7.2% increase in rate from 2014 to 2015

Increase in Reported Rates of GC in Utah

- Rates of GC in Utah have increased over 400% since 2011
- The increase has disproportionately affected women (623% rate increase)
- Comparing 2015 to 2014, men experience a 18% increase in rate while women experienced a 12% decrease in rate
- National STD data for 2015 is not yet available; however, 2014 rates in Utah remained much lower than the national average



GC Treatment Recommendation

- The CDC updated the STD treatment guidelines in 2015. This update included the discontinuation of monotherapy for gonorrhea (GC) and exclusive use of dual therapy to prevent further resistance against current antibiotics.
- The current recommendation for GC is simultaneous treatment with:
 - Ceftriaxone** 250 mg IM in a single dose
 - PLUS**
 - Azithromycin** 1 gm orally in a single dose
- UDOH has 2015 MMWR STD Treatment Guidelines booklets and Summary Treatment Guidelines pocketbooks for providers available upon request.

HIV Surveillance

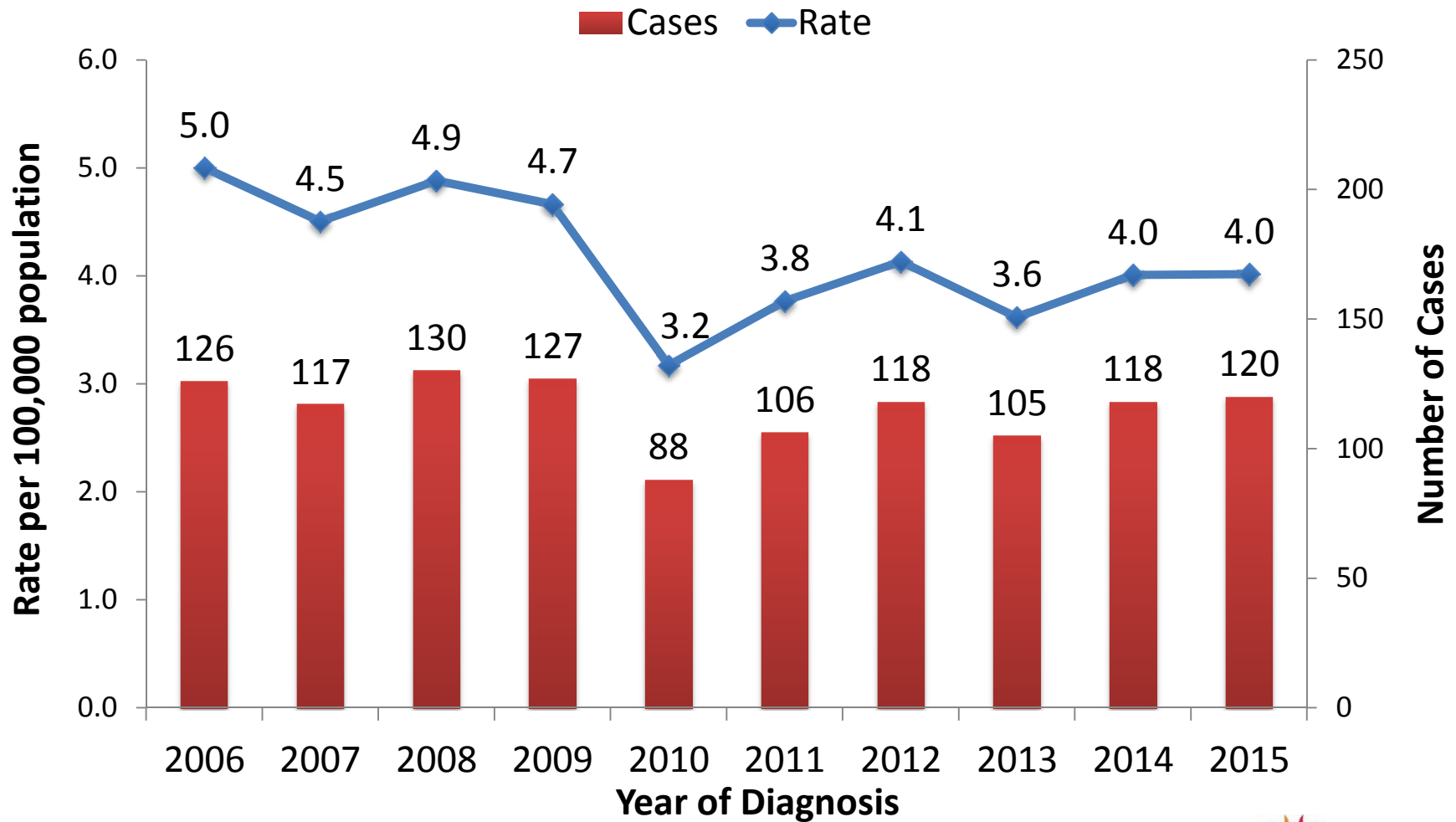
- In 2015, there were 120 new HIV infections diagnosed and reported throughout the state of Utah
 - Most of the newly diagnosed HIV cases are reported along the Wasatch Front (Weber, Davis, Salt Lake, and Utah counties)
- As of 2015, there were 2,943 people living with HIV/AIDS in the state of Utah
- Males in Utah continue to be disproportionately affected by HIV infection than females
 - MSM continues to be the highest reported risk for HIV, with MSM/IDU as second highest

Staff includes:

Matthew Mietchen- HIV Surveillance Coordinator- mmietchen@utah.gov

Emily Roberts- HIV Surveillance Epidemiologist- eroberts@utah.gov

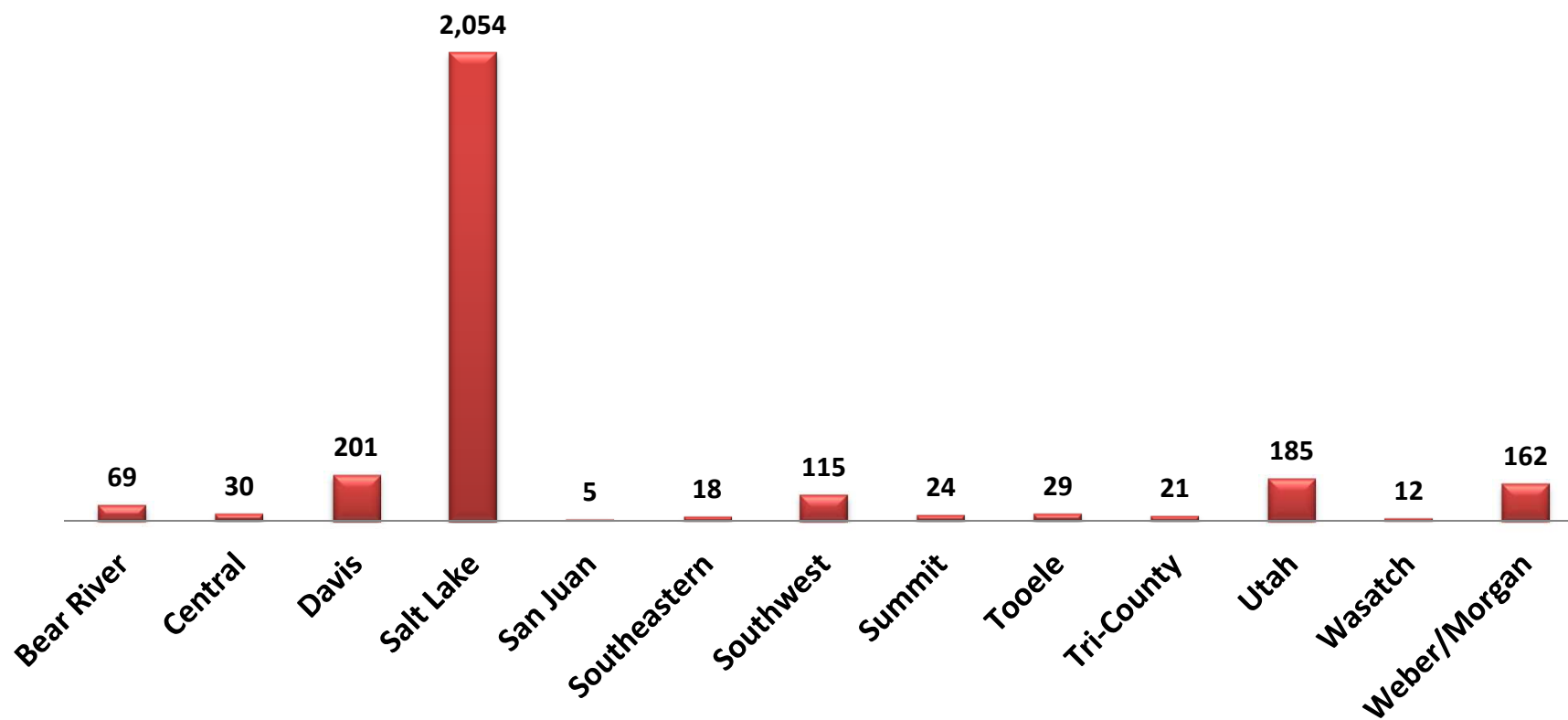
Cases and Rates of New HIV Diagnoses —Utah, 2006-2015



People Living with HIV/AIDS (PLWHA)

Local Health District— Utah, 2015

N=2,934



HIV Partner Services

- Conducted for all individuals newly diagnosed with HIV in the state
- Starts with any additional confirmatory testing that is needed
- Disease investigation and partner tracebacks are initiated
- Contact partners to notify them of potential exposure
- Risk ascertainment
- Linkage to care
- Referrals
 - Mental health, support groups, Ryan White services

Staff include:

Ahmer Afroz- HIV Health Program Coordinator- aaafroz@utah.gov



Utah Ryan White Part B Program Services

- ADAP Medication Assistance (ADAP-M)
- ADAP Insurance Assistance (ADAP-I)
- Health Insurance Premium & Cost Sharing Assistance
- Minority AIDS Initiative (MAI)
- Core Medical Services
 - Ambulatory / Outpatient Health Services
 - Medical Case Management
 - Oral Health Care
- Supportive Services
 - Non-Medical Case Management
 - Treatment Adherence Counseling
 - Medical Transportation
 - Linguistic Services
 - Home Health & Community Health Based Services

AIDS Drug Assistance Program (ADAP) Enrollment

720 Enrolled Clients as of Friday, September 9, 2016

- ADAP-M Uninsured Clients: 334 (~46%)
- ADAP-I Insured Clients: 386 (~54%)
- Marketplace (premiums & copays): 8
- Private-Individual (premiums & copays): 274
- Private-Employer (copays only): 75
- COBRA [Consolidated Omnibus Budget Reconciliation Act] (premiums & copays): 2
- Medicare Part D (premiums & copays): 27

Staff include:

Brianne Glenn- HIV Treatment and Care Administrator- brianneglenn@utah.gov

Marcee Mortensen- ADAP Administrator - marceemortensen@utah.gov



HIV Linkage to Care

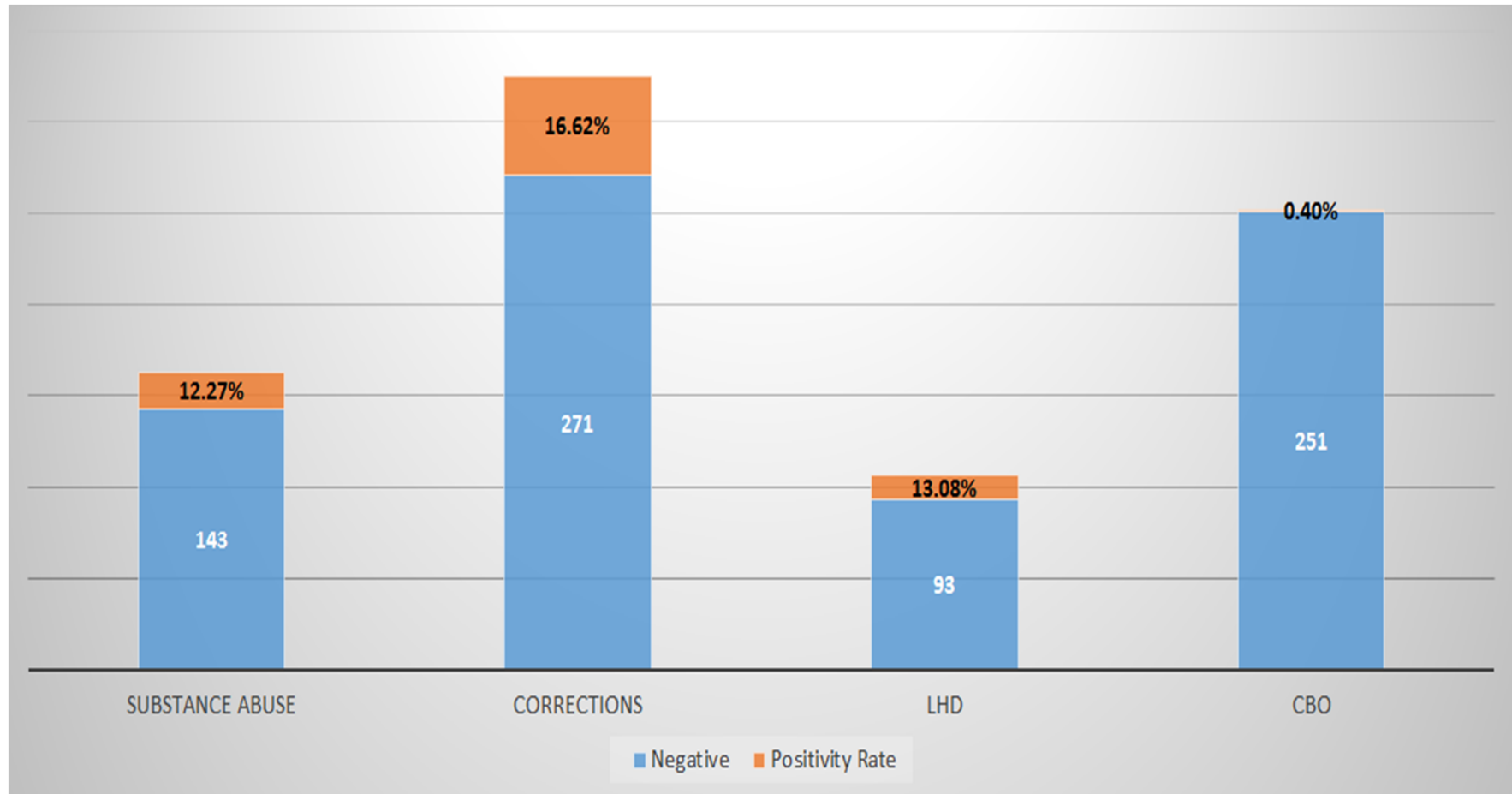
- Every 3 months surveillance staff will define lists of clients qualifying for re-linkage upon meeting the following two criteria:
 - Current Utah residents who were diagnosed >12 months prior to date of inquiry AND
- Two or more of the following:
 - No medical visit with a known HIV doctor in the past 12 months
 - Have not filled their ART prescription in the past 12 months
 - Last viral load >200 and/or CD4 <500
 - Has not re-certified with the Ryan White Program (as applicable) within 30 days of the deadline.

Staff Include:

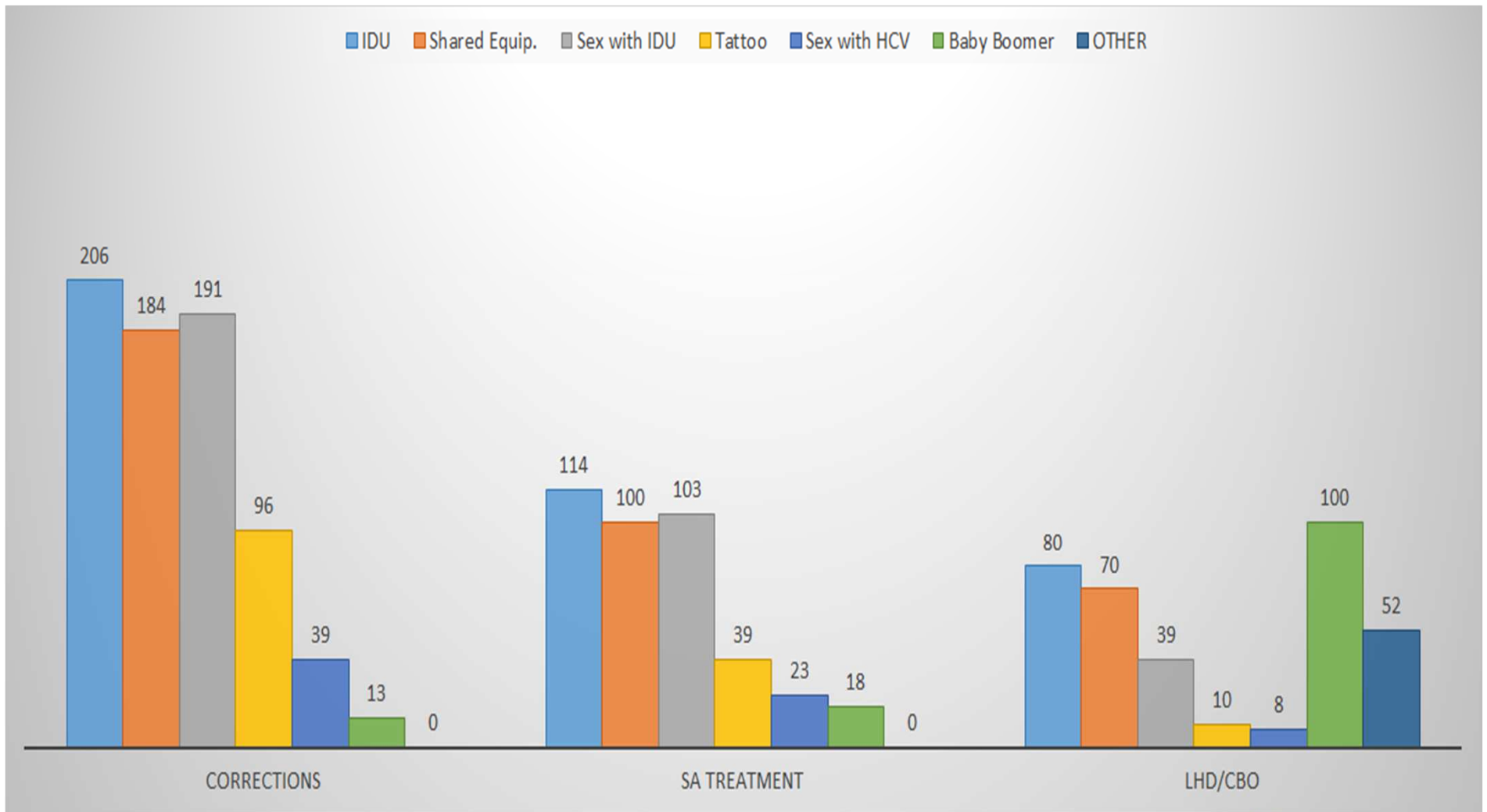
Brian Rogers- Linkage to Care Coordinator- brianrogers@utah.gov



2015/2016 Rapid HCV Tests Positivity Rates by Location Type



2015/2016 Rapid Hepatitis C Antibody Tests by Risk Factor and Location Type



Utah Syringe Exchange Law

- Agencies in Utah “may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs and those individuals’ contacts” and collect data to prove effectiveness and show that SEPs do not increase drug use.
- No state funding or guidance included.
- Agencies who choose to conduct syringe exchange enroll with notify the UDOH and comply with the administrative rule; will provide aggregate data to UDOH on quarterly basis.
- UDOH mandated to report to Utah State Legislature annually.

Utah Syringe Exchange Network

- A coalition of over 90 community members from over 30 different agencies working together to create guidelines for syringe activities in Utah as well as to communicate and collaborate on activities to provide comprehensive and diverse services to the community.
- Members of the network:
 - Provide expertise, ideas, contacts and resources to identify best practices tool kit for Utah agencies participating in syringe exchange activities
 - Provide input on all aspects of planning process, training and material development to create reflect local community needs.
 - Research and incorporate the experience of other states and programs throughout the country
 - Identify funding sources and other in-kind resources to support syringe exchange activities and to maintain, improve, evaluate and expand efforts.
 - Create a directory of participating agencies, drop off/disposal sites, local referrals, resources and materials to be shared with any agency participating in syringe exchange
 - Create open dialog, communication and engage law enforcement and other community and social service agencies to provide services, referrals and support for ongoing syringe exchange efforts
 - Conducting needs assessment with people who inject drugs to help inform syringe exchange efforts and be responsive to PWID needs.

Refugee Health

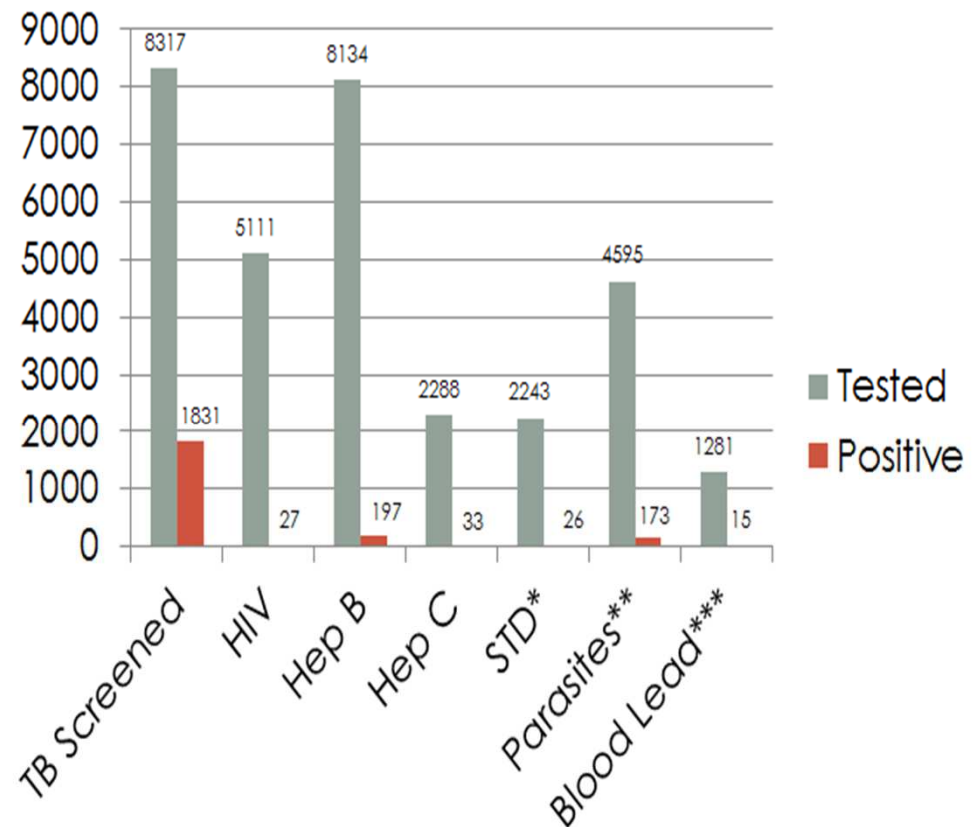
Health Activity	Benchmark Standard
<p>Health screening completed for newly arrived refugees within 30 days of arrival</p> <ul style="list-style-type: none"> • 4 screening clinics: Health Clinics of Utah (SLC), Health Clinics of Utah (Ogden), St.Mark's Family Medicine and Sacred Circle Healthcare • Resettlement agencies coordinate the appointment, interpretation and transportation 	90%
Establish a medical home within 30 days of completed a health screening	95%
Maintain screening provider as primary care provider	50%
Reportable conditions receiving follow-up treatment were followed up on w/in 30 days of receiving report	95%
Chest x-rays completed w/in 30 days of receiving CXR order(includes LTBI, B1, B2)	90%

Refugee Health

- **Domestic Health Screening**

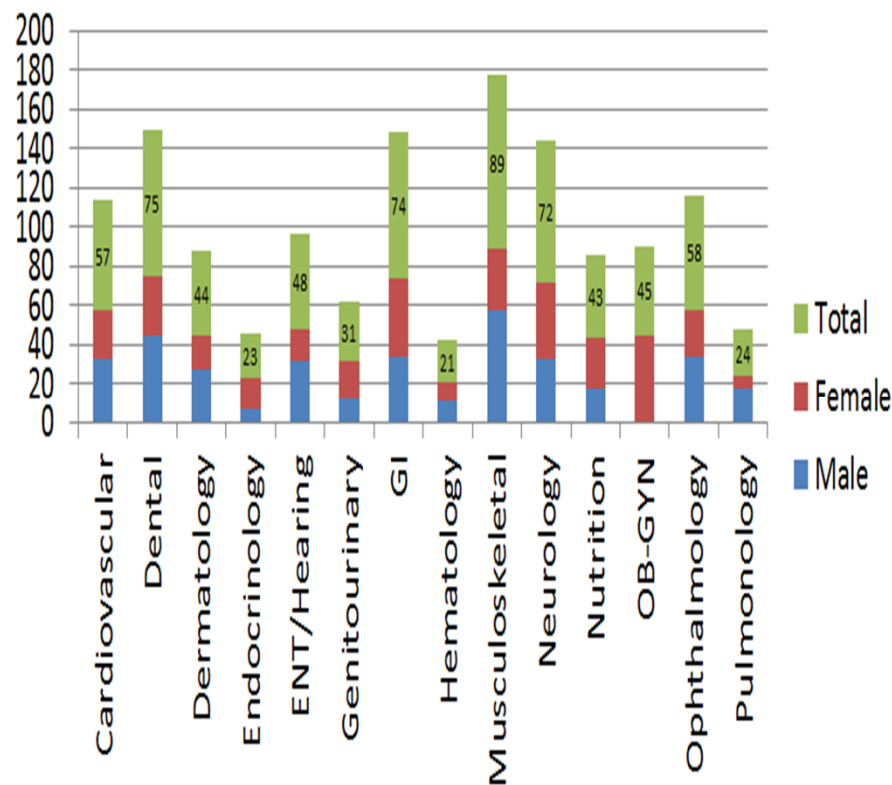
- Physical Exam- addresses health concerns and issues Cardiology
- Screening and Testing- assess for sexually-transmitted diseases, parasites, deficiencies and chronic diseases
- Immunizations
- Presumptive Treatment for Parasites
- TB Screening
- Mental Health Screening

Reportable Conditions in Refugee Arrivals, Utah
January 1, 2010-December 31, 2015

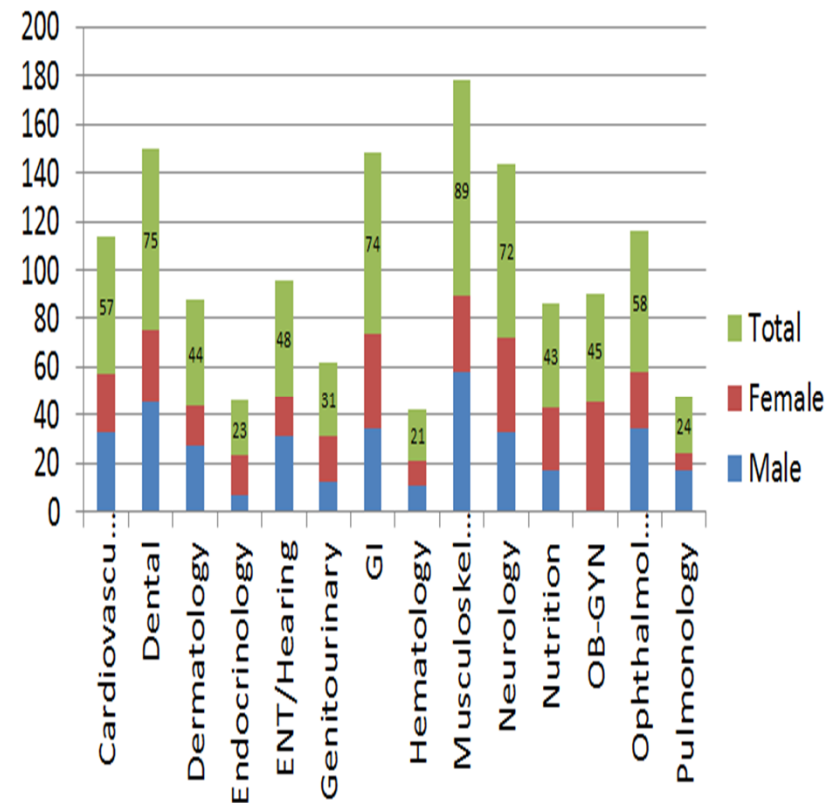


Refugee Health

Identified Conditions in Refugee Adult Arrivals,
Utah
October 1, 2015-January 31, 2016

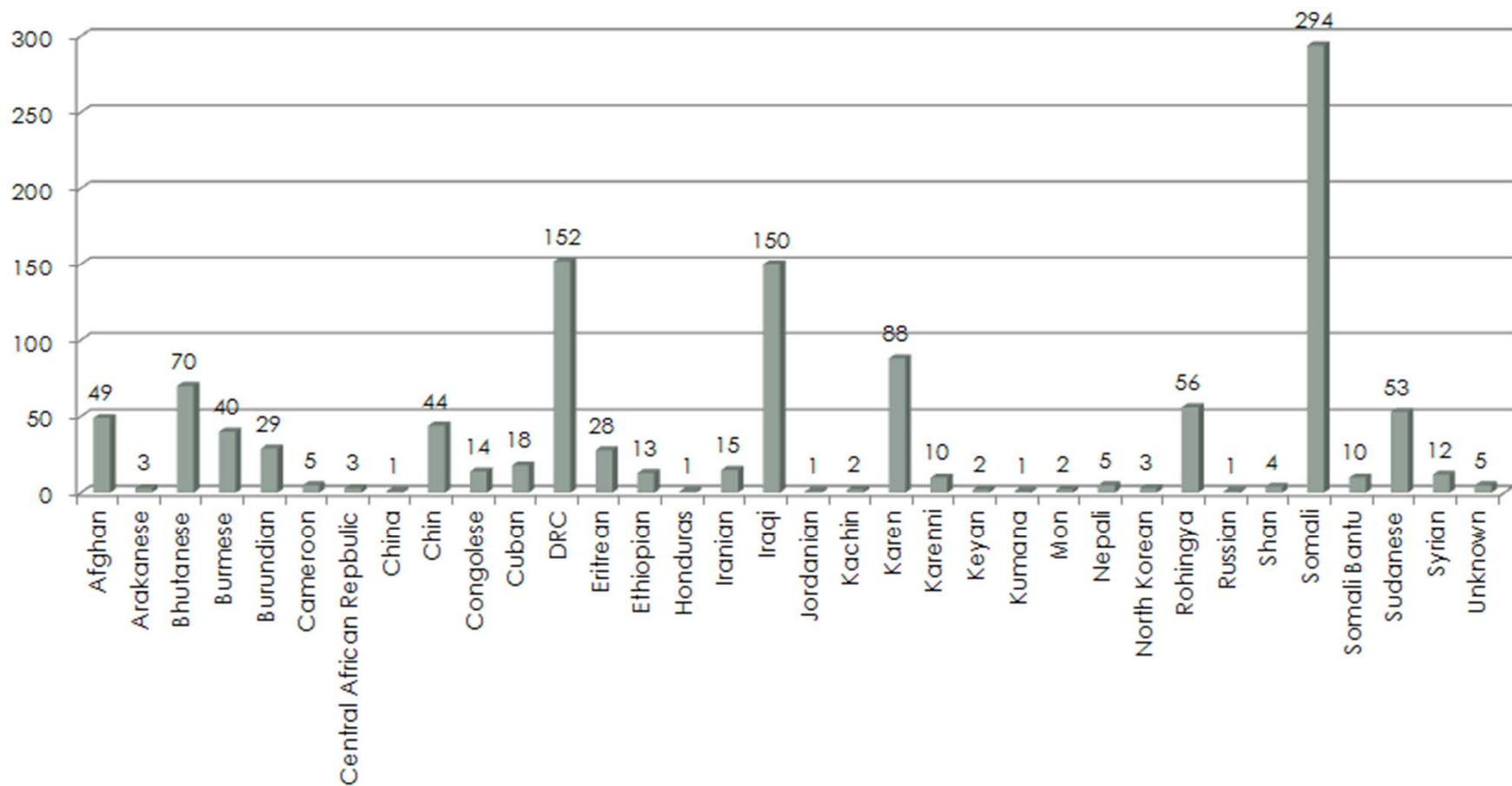


Identified Conditions in Refugee Children
Arrivals, Utah
October 1, 2015-January 31, 2016



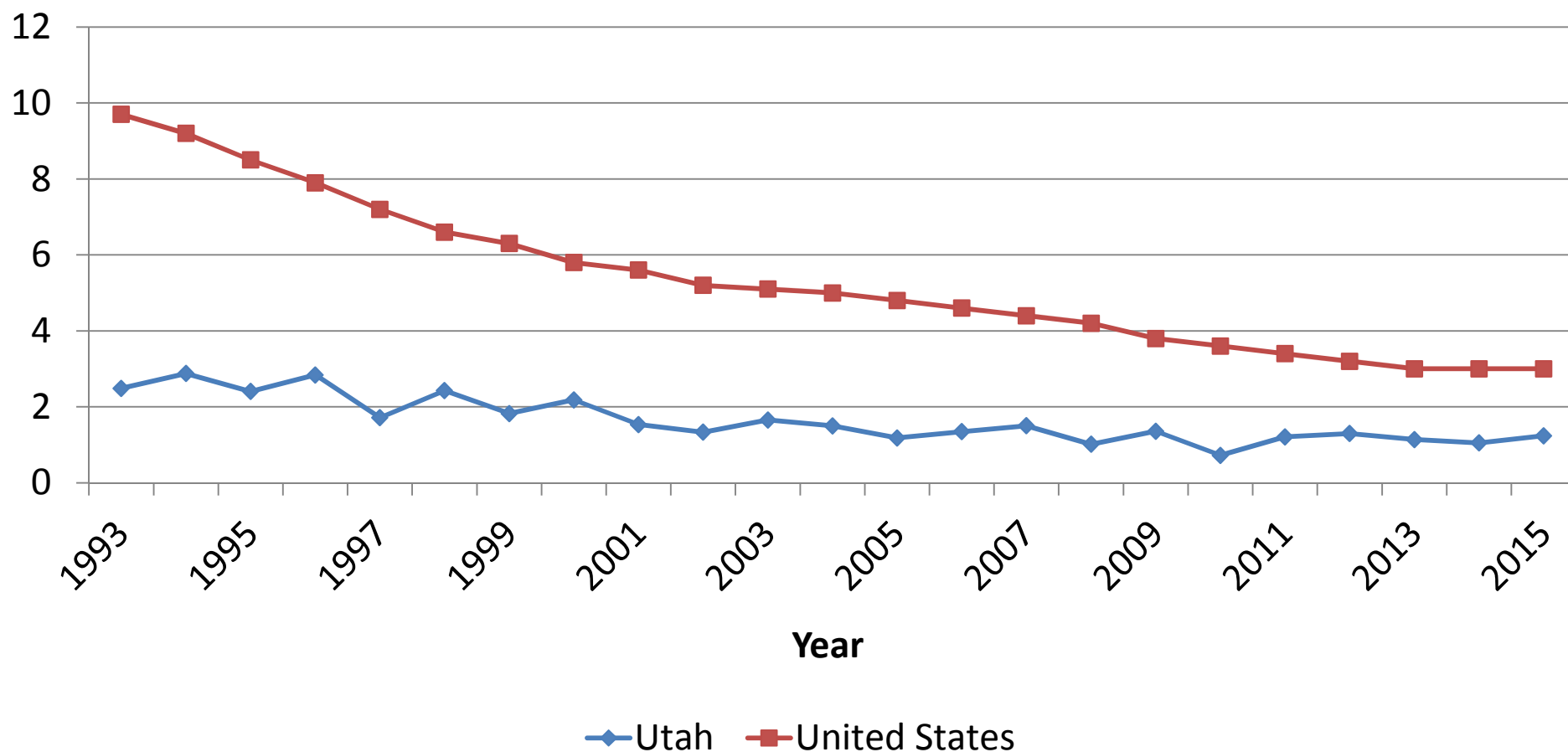
Refugee Health

Utah Arrivals FFY2015 By Nativity (n=1,184)



TB Rates per 100,000 Persons, Utah and United States, 1993-2015

Rates



TB Safety Net

- All refugees are screened for TB within 30 days of arrival
- TB treatment
 - Prolonged; DOT
 - Medications for the under- or uninsured
 - Incentives/enablers
- Contact investigation
 - Assist with evaluation of contacts (CXR, etc)
 - Medications for the under- or uninsured
 - Incentives/enablers



New TB Guidelines/Recommendations

- **Treatment of Drug-susceptible TB, Aug 2016**
 - Recommended regimens for adults & children
 - Key considerations for development of a case management plan



Photo Credit: Salt Lake County Health Department, 2016.

USPSTF Latent TB Infection (LTBI) Screening Recommendations, Sept 2016



- Testing for persons at higher risk for LTBI
 - Born in, or former residents of, countries with high rates of TB
 - Persons who currently, or used to, live in large group settings (homeless shelters, correctional facilities)
- USPSTF recommendations are at no cost to patient but:
 - Applies to persons with no signs/symptoms
 - Applies to services in primary care settings or where referred by primary care physician
- Remember: Others are also at higher risk for TB, and TB testing should be part of their regular medical care.

Additional Contact Information

- **Viral Hepatitis/Utah Syringe Exchange**
 - **Heather Bush**- Viral Hepatitis Coordinator - hbush@utah.gov
- **Refugee Health**
 - **Chelsey Butchereit**- Health Program Coordinator- cbutchereit@utah.gov
- **Tuberculosis Program**
 - **Larry Niler**- TB Controller/Nurse Consultant- lniler@utah.gov
 - **Jerry Carlile**- TB Epidemiologist- jcarlile@utah.gov
- **Program Management**
 - **Erin Fratto**- Communicable Disease Prevention Coordinator- efratto@utah.gov
 - **Amelia Self**- Manager of PTC Program- aself@utah.gov

Thank you!

Questions?